

ARCHITECT OF THE CAPITOL  
WASHINGTON, DC 20515

**NOTICE TO ALL PROSPECTIVE OFFERORS**

**REFERENCE:** Architect of the Capitol (AOC) Request for Proposal (***RFP***) ***No. 060106*** - "Facilities Management, Operation and Maintenance; Water Treatment, Housekeeping, Landscaping and Grounds Maintenance; Snow Removal, Pest Control, Elevator and Lift Maintenance and other services as necessary".

The above referenced solicitation document contains sensitive information which will not be included/released as a part of the solicitation document. It is the intent of the AOC to control access to those sensitive portions of the specifications and drawings by limiting their viewing to **only TWO (2) representatives** of potential offerors who have successfully passed a background investigation conducted by the AOC and who have been issued temporary identification badges.

Access to the specifications and drawings will be provided ONLY to the two (2) company officials identified above. The Government will identify and furnish to the offerors representative(s), the date and time schedule for viewing the documents. The RFP, minus the specific solicitation documents, will be available online at the AOC website to all offerors.

Since the background investigation and badging processes can take several weeks to complete, we would like to start that process for the potential offerors on this procurement now, before the RFP is issued. This will allow the offerors the maximum available time to review the specifications and drawings once the RFP is issued.

This notice informs you that if you wish to participate in this procurement, the attached security form must be completed and submitted for **each of the 2-employees** (both contractor and subcontractor employees) that will review the specifications and drawings. Once we receive the properly completed forms, you will be advised as to when your (TWO) 2 employees may come in to be fingerprinted by the U.S. Capitol Police. Each employee will have to be fingerprinted at the U.S. Capitol Police Headquarters in Washington, DC. **FINGERPRINT CARDS PREPARED BY ANY OTHER POLICE OR INVESTIGATIVE AGENCY WILL NOT BE ACCEPTED.**

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**INSTRUCTIONS:**

1. Fill in all blocks on the request for check of Criminal History *United States Capitol Police Form CP-491*:

2. The completed forms must be forwarded by **3 PM, MAY 8, 2006.** You may contact me by telephone at 202-226-1940 or by e-mail at [chorne@aoc.gov](mailto:chorne@aoc.gov).

Sincerely,

A handwritten signature in dark ink, appearing to read 'Carolyn Horne', written in a cursive style.

Carolyn Horne  
Contracting Officer



UNITED STATES CAPITOL POLICE  
WASHINGTON, D.C. 20510-7218

CP-491  
(4-04)

### REQUEST FOR CHECK OF CRIMINAL HISTORY RECORDS

Please report with: (1) A valid form of photo identification, (2) and this form to the Fairchild Building located at 499 South Capitol Street SW Washington, D.C., Room 127 between the hours of 7am until 3pm Monday through Friday for processing.

1. Name: (Last, First, Middle) _____		Address: _____	
		Street & No. _____	
		City & State: _____	
		Zip: _____ Tele: _____	
2. Other Names Ever Used: (e.g. maiden name, nickname, ect. <i>If you have never used another name write "None".</i> ) _____			
3. Date of Birth: (Month, Day, Year) _____		4. Birthplace: (City and State or Country) _____	
5. Social Security Number: _____		6. Gender: _____	
		Male      Female	
7. Race: _____	8. Height: _____	9. Weight: _____	10. Eye Color: _____
		11. Hair Color: _____	

#### SIGNATURE AND RELEASE OF INFORMATION:

**READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:**

- I understand that the information provided above will be used to check the criminal history records of the Federal Bureau of Investigation (FBI).
- I consent to the use of the information provided in making a security determination concerning me.
- I certify that, to the best of my knowledge and belief, all of the information provided above is true, correct, and complete, made in good faith.

12. Signature: \_\_\_\_\_ 13. Date: \_\_\_\_\_

14. COMPANY NAME/ADDRESS:

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